

UBI	
Owner name	

Application for Approval of Limousine Chauffeur Training Course

Please type or print clearly in dark ink.

For Validation—Office Use Only	
01P-400-025-0003	

Fee due: \$25 (non-refundable)

Make check payable to Department of Revenue

Use this form to notify the Department of Revenue of your intent to offer a limousine chauffeur training course to your employees. If the course will be more than three calendar days or 24 hours in length, you must also be licensed by the State of Washington Workforce Training and Education Coordinating Board.

A Applicant information				
Name of school	Telephone			
Street address				
City	State	Zip code		
Mailing address (if different)				
City	State	Zip code		
B Signature of business owner				
By signing below, the business owner certifies that the instructor(s) will strictly adhere to the chauffeur training				
curriculum established by the State of Washington.		. .		
Owner's signature	Date			
X	_			